

THE DIVISION OF HEALTH OF THE CITY OF ST. LOUIS
STANDARD CERTIFICATE OF DEATH

38236

FILED OCT 1 1952

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State File No.

8733

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, 2109			
d. FULL NAME OF HOSPITAL OR INSTITUTION 4445 LEXINGTON				d. STREET ADDRESS (If rural, give location) 10 4445 LEXINGTON AVE			
3. NAME OF DECEASED (Type or Print)		a. (First) MARIE		b. (Middle) E.		c. (Last) MICHAEL	
4. DATE OF DEATH SEPT 17, 1952		5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH 6/10/1898		9. AGE (In years, less birthday) 54		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME CHARLES ENDERS		13b. MOTHER'S MAIDEN NAME ALICE TRACY		14. NAME OF HUSBAND OR WIFE ANCEL MICHAEL 4445 LEXINGTON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ANCEL MICHAEL 4445 LEXINGTON AVE			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocardial Heart Failure</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Hypertensive Heart Disease</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 443X			
22. I hereby certify that I attended the deceased from <i>Sept. 15, 1952</i> to <i>Sept. 17, 1952</i> that I last saw the deceased alive on <i>Sept. 15, 1952</i> , and that death occurred at <i>9:10 a.m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>D.B. Jarama M.D.</i>				23b. ADDRESS <i>597 N. Grand St. St. Louis, Mo.</i>		23c. DATE SIGNED <i>9/17/52</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE <i>9/20/52</i>		24c. NAME OF CEMETERY OR CREMATORY <i>VALVARY CEMETERY</i>		24d. LOCATION (City, town, or county) (State) <i>ST. LOUIS MISSOURI</i>	
DATE REC'D BY LOCAL REG. SEP 18 1952				25. FUNERAL DIRECTOR'S SIGNATURE <i>Strook - Carroll</i> ADDRESS <i>4600 NATURAL BRIDGE</i>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Albert Mayfield

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.